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Attorney for Debtor
MICHAEL KALUA CHING
and SONIA ROMAN

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF HAWAII

In re Case No: 19-00989

MICHAEL KALUA CHING and SONIA ROMAN

(Chapter 7)

Debtors.

DEBTOR'S SUMMARY OF ASSETS AND LIABILITIES; SCHEDULES A-J: STATEMENT OF FINANCIAL AFFAIRS; STATEMENT OF INTENSIONS; AND STATEMENT OF CURRENTY MONTHLY INCOME AND MEANS TEST CALCULATIONS; DISCLOSURE OF ATTORNEY COMPENSATION; AND AMENDED CREDITOR'S MATRIX

Fil	I in this information to identify your case:		
De	Potor 1 Michael Kalua Ching First Name Middle Name Last Name		
De	First Name Middle Name Last Name Sonia Roman		
(Sp	ouse if, filing) First Name Middle Name Last Name		
Un	ited States Bankruptcy Court for the: DISTRICT OF HAWAII		
	nown) 19-00989	_	eck if this is an
		am	ended filing
\bigcirc	fficial Form 106Sum		
	ımmary of Your Assets and Liabilities and Certain Statistical Information		12/15
Be info you	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend or original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	or supply led sche	vina correct
	Cultillaries Tour Assocs	10000	
		1912-192-192	r assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	•	640 200 00
	1a. Copy line 55, Total real estate, from Schedule A/B	\$ _	640,200.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	15,744.66
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	655,944.66
Pai	t 2: Summarize Your Liabilities		
		170 a r Note 100.00	liabilities
		Amo	unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	741,257.18
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$ _	588,576.59
	Your total liabilities	\$	1,329,833.77
Par	13: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,362.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,261.77
Par	t 4: Answer These Questions for Administrative and Statistical Records	_	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other s	chedules.
_	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and	submit this form to

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Official Form 106Sum

page 1 of 2
Best Case Bankruptcy

Summary of Your Assets and Liabilities and Certain Statistical Information

Case number (if known) 19-00989

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,338.75

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$ 	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Del	otor 1	Michael Kalua	China						
		First Name		e Name	Last Name				
		Sonia Roman First Name	Middle	e Name	Last Name				
Jni	ted States Bankru	ptcy Court for the	: DISTRICT	OF HAV	VAII				
Cas	e number 19-(0989						☐ Check i	f this is a
				-di-sati	- 12 8			amende	
74	ioial Farm	1064/D							
	ficial Form		norty.						
_	hedule A				only once. If an asset fits in more than or			12/15	
	No. Go to Part 2. Yes. Where is the	property?							
		property?		What	is the property? Check all that apply				
	Yes. Where is the	ilo Drive, #47		What	is the property? Check all that apply Single-family home			ims or exempti	
	Yes. Where is the		on	What		the amount of a	any secured		edule D:
	Yes. Where is the 92-831 Makak Street address, if avail	ilo Drive, #47 lable, or other description	on 6707-0000		Single-family home Duplex or multi-unit building	the amount of a Creditors Who Current value	any secured Have Claim of the	d claims on <i>Sch</i> ns Secured by I Current valu	edule D: Property.
	Yes. Where is the	ilo Drive, #47 lable, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount of a Creditors Who Current value entire property	any secured Have Claim of the	d claims on Sch ns Secured by I Current valu portion you	edule D: Property.
	Yes. Where is the 92-831 Makak Street address, if avai	ilo Drive, #47 lable, or other description	6707-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	the amount of a Creditors Who Current value entire property \$640,4	of the y?	current value portion you	edule D: Property. e of the own? 0,200.00
	Yes. Where is the 92-831 Makak Street address, if avai	ilo Drive, #47 lable, or other description	6707-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current value entire property \$640,2 Describe the r (such as fee s	of the y? 200.00 nature of yo.	Current value portion you \$64	edule D: Property. e of the bwn? 0,200.00 interest
	Yes. Where is the 92-831 Makak Street address, if avai	ilo Drive, #47 lable, or other description	6707-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	current value entire property \$640,2	of the y? 200.00 nature of yo.	Current value portion you \$64	edule D: Property. e of the bwn? 0,200.00 interest
	Yes. Where is the 92-831 Makak Street address, if avai	ilo Drive, #47 lable, or other description	6707-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current value entire property \$640,2 Describe the r (such as fee s	of the y? 200.00 nature of yo.	Current value portion you \$64	edule D: Property. e of the bwn? 0,200.00 interest
	Yes. Where is the 92-831 Makak Street address, if avail Kapolei City	ilo Drive, #47 lable, or other description	6707-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	current value entire property \$640,2 Describe the r (such as fee s a life estate), i	of the y? 200.00 nature of yolimple, tena	Current value portion you \$64.	edule D: Property. e of the own? 0,200.00 interest tiretles, or
	Yes. Where is the 92-831 Makak Street address, if avail Kapolei City Honolulu	ilo Drive, #47 lable, or other description	6707-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another	current value entire property \$640,4 Describe the r (such as fee s a life estate), i	of the y? 200.00 nature of yc.limple, tenaif known.	Current value portion you \$64	edule D: Property. e of the own? 0,200.00 interest tiretles, or
	Yes. Where is the 92-831 Makak Street address, if avail Kapolei City Honolulu	ilo Drive, #47 lable, or other description	6707-0000	Who h	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	current value entire property \$640,4 Describe the r (such as fee s a life estate), i	of the y? 200.00 nature of yc.limple, tenaif known.	Current value portion you \$64.	edule D: Property. e of the own? 0,200.00 interest tiretles, or
	Yes. Where is the 92-831 Makak Street address, if avail Kapolei City Honolulu	ilo Drive, #47 lable, or other description	6707-0000	Who h	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite	current value entire property \$640,4 Describe the r (such as fee s a life estate), i	of the y? 200.00 nature of yc.limple, tenaif known.	Current value portion you \$64.	edule D: Property. e of the own? 0,200.00 interest tiretles, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

Schedule A/B: Property

	otor 1 otor 2	Michael Kal Sonia Roma			Case number (if known)	19-00989
3. C	ars, vai	ns, trucks, trac	tors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make	: Toyota		Who has an interest in the ways and a	Do not deduct sec	ured claims or exemptions. Put
3.1	Mode			Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Year:	•		Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
		ximate mileage:	200580	Debtor 2 only	Current value of t	
		information:	20000	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	entire property?	portion you own?
				At least one of the deptors and another		
				☐ Check if this is community property (see instructions)	\$2,050	.00 \$2,050.00
5 A	ages yo	ou have attach	the portion you ow ed for Part 2. Write to and and Household Ite	n for all of your entries from Part 2, includin	ng any entries for	\$2,050.00
6. He	ouseho	ld goods and f		erest in any of the following items? china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
	No					
	Yes. [Describe				
			Home Furniture			\$2,000.00
E	No	s: Televisions a	nd radios; audio, vide phones, cameras, m	o, stereo, and digital equipment; computers, pr edia players, games	rinters, scanners; music co	llections; electronic devices
			Televisions, Cor	mputers		\$1,000.00
E	xamples No	es of value s: Antiques and other collection	figurines; paintings, p ons, memorabilia, coll	orints, or other artwork; books, pictures, or othe ectibles	r art objects; stamp, coin, o	or baseball card collections;
<i>E</i>	kamples No	musical instru	graphic, exercise, and	d other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes a	nd kayaks; carpentry tools;
	Yes. D	escribe				

Official Form 106A/B

Schedule A/B: Property

	ebtor 1 ebtor 2	Michael Kal Sonia Roma		ng 	Case nur	nber (if known)	19-00989
10.	Firearn Examp		s, shotgi	uns, ammunition, and rela	red equipment		
	■ No		_		• •		
	☐ Yes.	Describe					
11.	□ No ·		othes, fu	rs, leather coats, designe	wear, shoes, accessories		
			Every	day men's and wom	en's clothing		\$100.00
	□ No		welry, co	estume jewelry, engageme	nt rings, wedding rings, heirloom jewelry, wa	tches, gems, g	old, silver
			Watc	nes, earrings (every d	ay)		\$100.00
	<i>Examp</i> □ No □	m animals les: Dogs, cats,	birds, ho	rses			
			[-	L Ph L			40.00
			IWO	chihuahuas			\$0.00
	■ No □ Yes. (Give specific info	ormation	 your entries from Part 3,	including any health aids you including any health aids you including any entries for pages you have	Ī	\$3,200.00
6.						,L	
		cribe Your Finan n or have any le		quitable interest in any	of the following?		Current value of the
							portion you own? Do not deduct secured claims or exemptions.
١	■ No			our wallet, in your home, i	n a safe deposit box, and on hand when you	file your petitic	n
7.					certificates of deposit; shares in credit union the same institution, list each.	s, brokerage h	ouses, and other similar
	□ No ■ Yes				Institution name:		
					Bank of Hawaii		
			17.1.	Checking Account	Acct. No. XXXX-XX6373		\$10.73
			17.2.	Checking Account	Bank of Hawaii Acct. No. XXXX-XX9576		\$112.26

Official Form 106A/B

Schedule A/B: Property

Debto Debto		alua Ching nan		Case number (if known)	19-00989
		17.3.	American Savings Bank Acct. No. XXXXX-X4633		\$19.86
		17.4.	First Hawaiian Bank Acct. No. XX-XX3541		\$333.00
	16	17.5.	Central Pacific Bank Acct. No. XXXXXX5262		\$18.81
	xamples: Bond fund	s, or publicly traded stocks ds, investment accounts with b	rokerage firms, money market accounts		5.6
	Yes	Institution or issue			
9. No jo	int venture	stock and interests in incor	porated and unincorporated business	ses, including an interes	t in an LLC, partnership, and
•	Yes. Give specific	information about them Name of entity:		% of ownership:	
		Hawaii Gourmet C	ookies, Inc.	100 %	\$0.00
		nformation about them Issuer name:			
1. Re	tirement or pension	on accounts			
■ N		11117, ENISA, Reogn, 401(k),	403(b), thrift savings accounts, or other	pension or prolit-snaring p	nans
	es. List each acco	unt separately. Type of account:	Institution name:		
Yo Ex	<i>amples:</i> Agreemen	sed deposits you have made s	o that you may continue service or use to public utilities (electric, gas, water), tele	from a company ecommunications compani	es, or others
	lo ′es		Institution name or individual:		
3. A n		for a periodic payment of mon	ey to you, either for life or for a number	of years)	
	'es	Issuer name and description.			
4. Inte 26 l	J.S.C. §§ 530(b)(1)	tion IRA, in an account in a c , 529A(b), and 529(b)(1).	qualified ABLE program, or under a q	ualified state tuition prog	gram.
		Institution name and description	n. Separately file the records of any inte	erests.11 U.S.C. § 521(c):	
5. Tru		uture interests in property (other than anything listed in line 1), a	nd rights or powers exer	cisable for your benefit
		nformation about them			
	amples: Internet do		nd other intellectual property eds from royalties and licensing agreem	ents	
	_	nformation about them			

Official Form 106A/B Schedule A/B: Property page 4

£	TM Serial #XXXX4350; O Hawaii; TM Serial # XXXX4351 Island Lava; TM Serial #XXXX1244 Brakers Brittle	\$10,000.00
27	 Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional lice No Yes. Give specific information about them 	nses
	Tes. Give specific information about them	
M	oney or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax refunds owed to you	
	■ No	
	\square Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support	2
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper	ty settlement
	■ No □ Yes. Give specific information	
	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' components; unpaid loans you made to someone else No Yes. Give specific information	pensation, Social Security
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. No	ance
	Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary:	Surrender or refund value:
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to re someone has died. No Yes. Give specific information	ceive property because
:	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights	to set off claims
	■ No □ Yes. Describe each claim	
	Any financial assets you did not already list	
	■ No □ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$10,494.66

Official Form 106A/B Schedule A/B: Property page 5

	otor 1 otor 2	Michael Kalua Ching Sonia Roman		Case number (if known)	19-00989
Part	5: Des	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real est	ate in Part 1.	
37. [Do you o	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	l Yes. G	to to line 38.			
				,	
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Intere	st in.	
46 .	Do you	own or have any legal or equitable interest in any farm-	or commercial fishing	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
_	■ No	les: Season tickets, country club membership Give specific information			
54.	Add th	ne dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1:	: Total real estate, line 2	***************************************	***************************************	\$640,200.00
56.	Part 2:	: Total vehicles, line 5	\$2,050.00		
57.	Part 3:	: Total personal and household items, line 15	\$3,200.00		
58.	Part 4:	: Total financial assets, line 36	\$10,494.66		
59.	Part 5:	Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7:	Total other property not listed, line 54 +	\$0.00		
62.	Total p	personal property. Add lines 56 through 61	\$15,744.66	Copy personal property to	tal \$15,744.66
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62		Γ	\$655 944 66

Fill in this infor	mation to identify your	case:		
Debtor 1	Michael Kalua Ch			
	First Name	Middle Name	Last Name	
Debtor 2	Sonia Roman			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF HAWAII		
Case number	19-00989			
(if known)	10 00000	- 1		Check if this is an amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/E	3 that you claim as exe	empt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ock only one box for each exemption.				
	2004 Toyota Sequoia 200580 miles Line from Schedule A/B: 3.1	\$2,050.00		\$2,050.00	11 U.S.C. § 522(d)(2)			
	Ellio IIolii Galisadis 745. G.1			100% of fair market value, up to any applicable statutory limit				
	Home Furniture Line from Schedule A/B: 6.1	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)			
	Life IIOII <i>Scriedule PAB</i> . 6.1			100% of fair market value, up to any applicable statutory limit				
	Televisions, Computers Line from Schedule A/B: 7.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)			
	Life IIOII Ochedale PVD. 7.1			100% of fair market value, up to any applicable statutory limit				
	Every day men's and women's clothing	\$100.00		\$200.00	11 U.S.C. § 522(d)(3)			
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit				
	Watches, earrings (every day) Line from Schedule A/B: 12.1	\$100.00		\$200.00	11 U.S.C. § 522(d)(4)			
	Ello Holli Golladdio PVD. 12.1			100% of fair market value, up to any applicable statutory limit				

	Michael Kalua Ching Sonia Roman			Case number (if known)	19-00989
	escription of the property and line on ule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	king Account: Bank of Hawaii No. XXXX-XX6373	\$10.73		\$10.73	11 U.S.C. § 522(d)(5)
Line fro	om <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	king Account: Bank of Hawaii No. XXXX-XX9576	\$112.26	-	\$112.26	11 U.S.C. § 522(d)(5)
Line fro	om Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	ican Savings Bank No. XXXXX-X4633	\$19.86		\$19.86	11 U.S.C. § 522(d)(5)
	om Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	Hawaiian Bank No. XX-XX3541	\$333.00		\$333.00	11 U.S.C. § 522(d)(5)
	om Schedule A/B: 17.4			100% of fair market value, up to any applicable statutory limit	
	al Pacific Bank No. XXXXXX5262	\$18.81		\$18.81	11 U.S.C. § 522(d)(5)
	om Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
	erial #XXXX4350; O Hawaii; erial # XXXX4351 Island Lava;	\$10,000.00	•	\$10,000.00	11 U.S.C. § 522(d)(5)
TM Se	prial #XXXX1244 Brakers Brittle			100% of fair market value, up to any applicable statutory limit	
	u claiming a homestead exemption of to adjustment on 4/01/22 and every 3			ed on or after the date of adjustment	L)
■ No	0	•		•	•
☐ Ye	es. Did you acquire the property covere	ed by the exemption wi	thin 1,	215 days before you filed this case?	
	l No				
	l Yes				

Fill in this information to identi	fy your case:			
Debtor 1 Michael Ka	alua Ching Middle Name Last N	ame	_	
Debtor 2 Sonia Rom	nan			
(Spouse if, filing) First Name	Middle Name Last N	ame		
United States Bankruptcy Court f	or the: DISTRICT OF HAWAII		_	
Case number 19-00989				
(if known)			☐ Check	if this is an
			amene	ded filing
Official Farms 400D				
Official Form 106D				
Schedule D: Credit	ors Who Have Claims Sec	ured by Propert	ty	12/15
is needed, copy the Additional Page number (if known).	sible. If two married people are filing together, both fill it out, number the entries, and attach it to this fo	are equally responsible for s orm. On the top of any addition	supplying correct informs onal pages, write your na	ntion. If more space me and case
1. Do any creditors have claims secu				
	bmit this form to the court with your other schedu	lles. You have nothing else	to report on this form.	
Yes. Fill in all of the inform	ation below.			
Part 1: List All Secured Clair	ns			
2. List all secured claims. If a credito	r has more than one secured claim, list the creditor sep	arately Column A	Column B	Column C
much as possible, list the claims in alp	tor has a particular claim, list the other creditors in Part habetical order according to the creditor's name.	2. As Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 American Savings Ban			\$640,200.00	\$0.00
Creditor's Name	92-831 Makakilo Drive, #47 Kapole Hi 96707 Honolulu County	i,		
1001 Bishop Street Honolulu, HI 96813	As of the date you file, the claim is: Check all apply. Contingent	that		
Number, Street, City, State & Zip Cod				
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage	or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's l	ien)		
At least one of the debtors and and				
Check if this claim relates to a community debt	Other (including a right to offset)	age	25911	
Date debt was incurred01/07/20	08 Last 4 digits of account number 2	815		
2.2 First Foundation Bank	Describe the property that secures the claim	s \$384,978.03	\$640,200.00	\$101,057.18
Creditor's Name	92-831 Makakilo Drive, #47 Kapolei			
	HI 96707 Honolulu County			
Two Waterfront Plaza	As of the date you file, the claim is: Check all the	hat		
500 Ala Moana Bivd., #2	A apply.	nat		
Honolulu, HI 96813	Contingent			
Number, Street, City, State & Zip Cod				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage	or ecoured		
Debtor 2 only	 An agreement you made (such as mortgage car loan) 	or secured		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's li	en)		
At least one of the debtors and ano	_	Oily		
Check if this claim relates to a		ess Debt		
community debt	Other (including a right to offset)	egg Dent		
Date debt was incurred 12/13/20	16 Last 4 digits of account number 49	900		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1	Michael Kalua Ching		Case	number (if known)	19-00989	
	First Name Middle	Name Last Name				
Debtor 2	Sonia Roman					
	First Name Middle	Name Last Name				
	illa Earna Hama					
12.3	ells Fargo Home	Describe the property that secures the	claim:	\$118,190.30	\$640,200.00	\$0.00
	ortgage ditor's Name				— • • • • • • • • • • • • • • • • • • •	Ψ0.00
5,00	and a reality	92-831 Makakilo Drive, #47 Ka HI 96707 Honolulu County	polei,			
	D. Box 51120 s Angeles, CA 90051	As of the date you file, the claim is: Cheapply.	eck all that			
		Contingent				
Num	ber, Street, City, State & Zip Code	Unliquidated				
Who owe	es the debt? Check one.	Disputed Nature of lien. Check all that apply.				
Debtor	r 1 only	An agreement you made (such as mo	rtgage or secured	1		
☐ Debtor	2 only	car loan)				
☐ Debtor	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	ınic's tien)			
	t one of the debtors and another	☐ Judgment lien from a lawsuit	,			
	: if this claim relates to a nunity debt	-	econd Mortg	age		
Date debt	was incurred 9/30/	Last 4 digits of account number	3849			
				7		
		Column A on this page. Write that number	r here:	\$741,257	.18	
	the last page of your form, add at number here:	the dollar value totals from all pages.		\$741,257	.18	
Part 2:	List Others to Be Notified fo	or a Debt That You Already Listed				
trying to d	collect from you for a debt you o	oe notified about your bankruptcy for a de owe to someone else, list the creditor in F t you listed in Part 1, list the additional cr his page.	Part 1, and then I	ist the collection age	ncy here. Similarly, if you h	ave more
Of	me, Number, Street, City, State & fice of Hawaiian Affairs	Zip Code	On which line	e in Part 1 did you ente	r the creditor? 2.2	
	0 N. Nimitz Hwy., #200 pnolulu, HI 96817		Last 4 digits	of account number		

Filli	n this information to identify your case:	THE CHARLES	T. T. W.	A STATE OF THE STATE OF	1
Debi	tor 1 Michael Kalua Ching	25:			1
	First Name	Middle Name	Last Name		-
Debi	ooma moman				
(Spou	se if, filing) First Name	Middle Name	Last Name		0
Unite	ed States Bankruptcy Court for the: DIST	RICT OF HAWAII			
	number 19-00989				
(if kno	wn)				☐ Check if this is an
				***	amended filing
Offi	cial Form 106E/F				
	nedule E/F: Creditors Who H	lave Unsecured	Claims		12/15
	complete and accurate as possible. Use Part 1			Part 2 for araditors with NO	
left. A	lule D: Creditors Who Have Claims Secured by ttach the Continuation Page to this page. If you and case number (if known). List All of Your PRIORITY Unsecure	ı have no information to rep	ort in a Part,	do not file that Part. On the	top of any additional pages, write your
No. No. of Contract of Contrac	o any creditors have priority unsecured claims				
	No. Go to Part 2.				
_	Yes.				
_	J 165.				
Part	2: List All of Your NONPRIORITY Unse	ecured Claims			
3. D	o any creditors have nonpriority unsecured cla	aims against you?			
	No. You have nothing to report in this part. Sub-	mit this form to the court with y	our other sche	dules.	
_	Yes.				
u th	ist all of your nonpriority unsecured claims in a necured claim, list the creditor separately for each an one creditor holds a particular claim, list the of art 2.	h claim. For each claim listed,	identify what t	voe of claim it is. Do not list cl	aims already included in Part 1. If more
					Total claim
4.1	American Savings Bank	Last 4 digits of acco	unt number	7782	\$20,409.00
	Nonpriority Creditor's Name	 :			
	P.O. Box 2300	When was the debt i	ncurred?		
	Honolulu, HI 96804 Number Street City State Zip Code	As of the date you fil	e. the claim i	s: Check all that apply	
		•	-,		
	Who incurred the debt? Check one.				
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	Debtor 1 only	☐ Contingent			
	_	Unliquidated			
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only		TY unsecured	claim:	
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated☐ Disputed☐	TY unsecured	claim:	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed Type of NONPRIORI ☐ Student loans ☐ Obligations arising	out of a sepa	claim: ation agreement or divorce the	at you did not
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Unliquidated ☐ Disputed Type of NONPRIORI ☐ Student loans ☐ Obligations arising report as priority claim	out of a sepa s	ation agreement or divorce the	·
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed Type of NONPRIORI ☐ Student loans ☐ Obligations arising report as priority claim	out of a sepa s r profit-sharin	ation agreement or divorce the	·

Debtor Debtor	71 Michael Kalua Ching 72 Sonia Roman		Case number (if known) 19-00989	
4.2	American Savings Bank Nonpriority Creditor's Name	Last 4 digits of account number	9017	\$7,456.95
	P.O. Box 2300 Honolulu, HI 96804	When was the debt incurred?	06/22/2016	
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	_		
4.3	AMEX Nonpriority Creditor's Name	Last 4 digits of account number	1006	\$56,883.00
	P.O. Box 360002 Fort Lauderdale, FL 33336	When was the debt incurred?	06/01/2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Business D	ebt	
4.4	AMEX	Last 4 digits of account number	5003	\$8,882.31
	Nonpriority Creditor's Name P.O. Box 360002 Fort Lauderdale, FL 33336	When was the debt incurred?	01/02/2002	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	'		
	At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	claim:	
	_	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	□ Yes	Other. Specify	y practice, and other communications	

Depto	or 2 Sonia Roman	<u> </u>	Case number (if known) 19-00989	
4.5	Bank of Hawaii	Last 4 digits of account number	0327	\$25,259.09
	Nonpriority Creditor's Name P.O. Box 2715 Honolulu, HI 96803	When was the debt incurred?	06/15/2015	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
.6	Bank of the West	Last 4 digits of account number	6478	Unknown
	Nonpriority Creditor's Name P.O. Box 4024 Alameda, CA 94501	When was the debt incurred?	09/24/2001	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	agreement of divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify 2016 Hurric	eane CC 19	
7	Central Pacific Bank	Last 4 digits of account number	6400	\$5,948.67
_	Nonpriority Creditor's Name			+-,
	P.O. Box 30395	When was the debt incurred?	10/21/2016	
	Honolulu, HI 96811 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		and apply	

Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims debt Is the claim subject to offset? ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Debte Debte	or 1 Michael Kalua Ching or 2 Sonia Roman		Case number (if known) 19-009	989
4.8	Chase Cards	Last 4 digits of account number	5194	\$75,680.00
	Nonpriority Creditor's Name P.O. Box 15298 Palatine, IL 60094	When was the debt incurred?	05/06/2006	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did	1 not
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Business I	Pebt	
4.9	Chase Cards	Last 4 digits of account number	3069	\$13,207.15
	Nonpriority Creditor's Name P.O. Box 15298	When was the debt incurred?	11/01/2004	
	Palatine, IL 60094 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	or oncon an man appry	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did	not
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.1 0	Citi Cards Nonpriority Creditor's Name	Last 4 digits of account number	6045	\$5,014.00
	P.O. Box 8034	When was the debt incurred?	02/24/2010	
	South Hackensack, NJ 07606 Number Street City State Zip Code	As of the date you file, the claim i	8: Check all that apply	
	Who incurred the debt? Check one.	,	or or our true apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student toans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did	not
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	□Yes	Other. Specify		

Debt Debt			Case number (if known)	19-00989	
4.1 1	Citicards	Last 4 digits of account number	5138		\$51,480.00
	Nonpriority Creditor's Name P.O. Box 8034 South Hackensack, NJ 07606	When was the debt incurred?	09/08/2006	-11	•
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar de	ebts	
	Yes	Other. Specify Business D	Debt		
4.1 2	Costco Visa	Last 4 digits of account number	3425		\$123,946.40
	Nonpriority Creditor's Name P.O. Box 78019 Phoenix, AZ 85062	When was the debt incurred?	01/02/2014		15
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			

Type of NONPRIORITY unsecured claim:

lacksquare Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

Yes	Other. Specify Business Debt		
Department of Human Services Nonpriority Creditor's Name	Last 4 digits of account number	4558	
FMO/Accounting/CRS P.O. Box 4147	When was the debt incurred?	July 2019	
Honolulu, HI 96812-4147 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt sthe claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify		

lacksquare At least one of the debtors and another

 $f \Box$ Check if this claim is for a community

Is the claim subject to offset?

■ No

☐ Yes

\$2,059.00

Debte Debte	or 1 Michael Kalua Ching or 2 Sonia Roman		Case number (if known) 19	-00989	
4.1	Discover Card	Last 4 digits of account number	8831	\$38,613.	.00
•	Nonpriority Creditor's Name P.O. Box 30395 Salt Lake City, UT 84130	When was the debt incurred?	02/25/1999		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that ye	ou did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts		
	Yes	Other. Specify Business D)ebt		
4.1 5	Discover Card	Last 4 digits of account number	8278	\$15,892.	17
	Nonpriority Creditor's Name				_
	P.O. Box 30395	When was the debt incurred?	08/03/2007		
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim i	e: Check all that annly		
	Who incurred the debt? Check one.	The of the date you me, the stain i	o. Oncor all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	ration agreement or divorce that we	ou did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or diverse that ye	ou did flot	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	□Yes	Other. Specify			
4.1 6	Hawaii Receivables Managament	Last 4 digits of account number		\$132,209.2	 20
0	Nonpriority Creditor's Name 970 N. Kalaheo Avenue, Suite C110	When was the debt incurred?		Ψ102,203.2	_
	Kailua, HI 96734				
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			

debt

■ No

☐ Yes

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

Other. Specify Business Debt

lacksquare Obligations arising out of a separation agreement or divorce that you did not

 $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

Debtor Debtor	 Michael Sonia Re 	Kalua Ching oman		Case r	number (if known)	19-0098	39
4.1		ial Services	Last 4 digits of account number	200	1		\$5,636.65
	P.O. Box 9	61	When was the debt incurred?				
	Roanoke,	TX 76262 t City State Zip Code	As of the date you file the eleim	in Cha	ale all Abat anales		
		the debt? Check one.	As of the date you file, the claim	is: Che	ж ан тат арргу		
	Debtor 1 or		По и				
	_	•	☐ Contingent				
	Debtor 2 or	•	Unliquidated				
		nd Debtor 2 only	☐ Disputed				
	At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		nis claim is for a community	Student loans				
	debt Is the claim se	ubject to offset?	Obligations arising out of a separeport as priority claims	aration a	greement or divorce	that you did r	not
	■ No		Debts to pension or profit-shari	ng plans	and other similar d	ebts	
	☐ Yes		Other. Specify Vehicle Le				
4.1	Vett Prope	rty Management					Halmann
	Nonpriority Cre	•	Last 4 digits of account number				Unknown
	c/o Denis L		When was the debt incurred?				
		p Street, Suite #1201					
	Honolulu, I						
		City State Zip Code	As of the date you file, the claim	is: Chec	k all that apply		
	_	the debt? Check one.					
	Debtor 1 on	•	☐ Contingent				
	Debtor 2 only		☐ Unliquidated				
	Debtor 1 an	d Debtor 2 only	☐ Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if th	is claim is for a community	☐ Student toans				
	debt Is the claim su	ubject to offset?	Obligations arising out of a separeport as priority claims	ration a	greement or divorce	that you did n	ot
	■ No		Debts to pension or profit-sharing	g plans,	and other similar de	ebts	
	☐ Yes		Other. Specify Personal G				
Part 3:	List Other	s to Be Notified About a Debt	That You Already Listed				
. Use this is tryin have m	s page only if y g to collect fro ore than one o i for any debts	you have others to be notified about you for a debt you owe to some	out your bankruptcy, for a debt that y eone else, list the original creditor in ou listed in Parts 1 or 2, list the addi submit this page.	Parts 1	or 2, then list the	collection age	ency here. Similarly, if you
. Total th		certain types of unsecured claim	s. This information is for statistical re	porting	purposes only. 28	U.S.C. §159.	Add the amounts for each
,,,,,,,						01-1	
	6a.	Domestic support obligations		6a.	Total \$	Claim	00
Total claims		Domostic Support Surgations		oa.	3	0.	00
rom Pari	t 1 6b.	Taxes and certain other debts y	ou owe the government	6b.	\$	0.	00
	6c.	Claims for death or personal in	ury while you were intoxicated	6c.	\$		00
	6d.	Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.	00
	6e.	Total Priority. Add lines 6a through	gh 6d.	6e.	\$	0.	00
					Total	Claim	
l'otal	6f.	Student loans		6f.	\$		00

Official Form 106 E/F

from Part 2

Schedule E/F: Creditors Who Have Unsecured Claims

6g. Obligations arising out of a separation agreement or divorce that

Page 7 of 8

0.00

Debtor 1 Michael Kalua Ching Debtor 2 Sonia Roman

Case number (if known)

19-00989

you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 6h. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i.

Total Nonpriority. Add lines 6f through 6i.

0.00 588,576.59

6j. 588,576.59

Fill in this inform	mation to identify your	case:		
Debtor 1	Michael Kalua Ch			
	First Name	Middle Name	Last Name	
Debtor 2	Sonia Roman			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF HAWAII		
_	19-00989			
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Number	whom you have the r, Street, City, State and ZI	ne contract or lease	State what the contract or lease is for
2.1					
	Name	_			
	Number	Street			
0.0	City		State	ZIP Code	
2.2	Name				
	Number	Street	11.2		_
2.3	City		State	ZIP Code	
2.3	Name	1919			_
	Number	Street			_
	City		State	ZIP Code	
2.4	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5	Name				
	Number	Street			
	City	-51	State	ZIP Code	

Debtor 1 Michael Kalua Ching First Name Middle Name Last Name Debtor 2 Sonia Roman United States Bankruptcy Court for the: DISTRICT OF HAWAII Case number (if known) 19-00989 Check if amended Official Form 106H Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If the people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Act and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional your name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filling a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schei	
Debtor 2 Sonia Roman First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF HAWAII Case number 19-00989 (If known) Check if amended Official Form 106H Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If the seople are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Ad lill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional our name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territorie Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the	
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3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the	
Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Scient Column 2.	dule D (Official
Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code Check all schedules that apply:	owe the debt
3.1 Hawaii Gourmet Cookies, Inc. 91-110 Hanua Street, #313	
Kanolai HI 96707	
□ Schedule G Hawaii Receivables Managament	
rawan receivables wanagament	
3.2 Hawaii Gourmet Cookies, Inc. Schedule D, line 2.3	
91-110 Hanua Street, #313	
Kapolei, HI 96707	
First Foundation Bank	
3.3 Hawaii Gourmet Cookies, Inc. □ Schedule D. line	
04 440 Henris Christ #040	
Kapolei, HI 96707 Schedule E/F, line 4.17	
Yett Property Management	

Schedule H: Your Codebtors

Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling iplointy, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	(EAU)	in this information to identify your			W					
Debtor 2 (\$000000, 1 firming) United States Bankruptcy Court for the: DISTRICT OF HAWAII Case number 19-00989 19-00989 19-00989 19-00989 Check if this is: An amended filling A supplement showing postpetition chapter 13 income as of the following date: MM/DD/YYYY 12/15 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, in the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information about daditional employers. Include part-time, seasonal, or self-employed work. Cocupation may include student or homemaker, if it applies. How long employed there? Employer's address Cocupation may include student or homemaker, if it applies. How long employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 Por Debtor 2 or non-filling spouse leading spouse in the space include your non-filling spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filling spouse in the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse in the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00			3000000	7//	H-24*3.5					
Case number (It known) Check if this is:		otor 2 Sonia Roma	-			_				
Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse in fermal accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing apouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00			: DISTRICT OF HAWA	.II						
Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing lightly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include Information about your spouse. If you are separated and your spouse is not filing with you, do not include Information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information. If you have more than one job, attach a separate page with information. If you have more than one job, attach a separate page with information. Cocupation may include student or homemaker, if it applies. Debtor 1 Debtor 2 or non-filing spouse Employer's address Occupation Employer's address Occupation Employer's address How long employed there? Part 2: Give Details About Monthly income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 List monthly overtime pay. 3. +\$ 0.00 \$ 0.00		10 0000		-			Check if this is	:		
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question learn to provide a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 12	(II KII	Ownj		161			☐ A suppleme	ent showing p		chapter
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1:	<u>O</u> 1	ficial Form 106I					MM / DD/ Y	YYY	•	
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How long employed there? Part 2: Give Details About Monthly Income			•		-104					1500
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2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 0.00 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00							For Debtor 1			
	2.	List monthly gross wages, sala deductions). If not paid monthly, or	ry, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2.	\$_	0.00	\$	0.00	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \$ \$	3.	Estimate and list monthly overti	ime pay.		3.	+\$_	0.00	+\$	0.00	
	4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	0.00	\$	0.00	

	otor 1 otor 2	Michael Kalua Ching Sonia Roman	E	c	ase number (if i	known)	19-00	989	
				-	For Debtor 1			Debtor 2 or filing spouse	
	Сор	y line 4 here	4.	-	\$	0.00	\$	0.00	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.			0.00	<u>\$</u> —	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		I	0.00	\$ —	0.00	
	5d.	Required repayments of retirement fund loans	5d.		·	0.00	\$	0.00	
	5e.	Insurance	5e.		Ī	0.00	*—	0.00	
	5f.	Domestic support obligations	5f.		I	0.00	*—		
	5g.	Union dues	5g.		·		\$ —	0.00	
	5h.	Other deductions. Specify:	5y. 5h.		·	0.00	· · · · · ·	0.00	
_	_		-		·	0.00	_	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	·	0.00	\$	0.00	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	5	5	0.00	\$	0.00	
	8a. 8b. 8c.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c.	. :	B	0.00	\$ \$	0.00	
	8e.	Social Security	8d.		·	0.00	\$	0.00	
	8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Supplemental Nutrition Assistance Program Pension or retirement income	8e. 8f. 8g.	Ş	6	0.00	\$ \$	591.00 0.00	
	8h.	Other monthly income. Specify: Social Security Disability	8h	+ 5	6 (0.00	- \$	771.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6,000	0.00	\$	1,362.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	<u> </u>	6,000.00	+ \$_	1,36	= \$	7,362.00
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not a	deper					hedule J.	

11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 7,362.00 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

Fill	in this information to identify your case:				
Del	otor 1 Michael Kalua Ching		Ch	eck if this is:	
		-		An amended filing	
1	otor 2 Sonia Roman				ving postpetition chapter
(Sp	ouse, if filing)			13 expenses as of	the following date:
Uni	ted States Bankruptcy Court for the: DISTRICT OF HAWAII			MM / DD / YYYY	
Cas	se number 19-00989				
(If k	(nown)				
\cap	fficial Form 106J				
-	chedule J: Your Expenses				
	as complete and accurate as possible. If two married people ar	a filing together, bett		wally reconcible for	12/15
info	promation. If more space is needed, attach another sheet to this (make the sheet to this (make the sheet). Answer every question.	form. On the top of a	ny addi	tional pages, write y	our name and case
Par	Describe Your Household				
1.	Is this a joint case?			1.41.5	
	☐ No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	■ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Househo	old of De	ebtor 2.	
•	De very house descendents 0. The				
2.	Do you have dependents?				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the			Service Control of the Control of th	□No
	dependents names.				☐ Yes
					□ No
					Yes
					□ No
					☐ Yes
					□ No
3.	Do your expenses include				☐ Yes
0.	expanses of people other than				
	yourself and your dependents?				
Par	2: Estimate Your Ongoing Monthly Expenses				
Est	imate your expenses as of your bankruptcy filing date unless yo	ou are using this forn	n as a s	upplement in a Cha	pter 13 case to report
exp	enses as of a date after the bankruptcy is filed. If this is a suppl	lemental <i>Schedule J</i> ,	check	the box at the top of	the form and fill in the
app	licable date.				
Incl	ude expenses paid for with non-cash government assistance if	you know			
	value of such assistance and have included it on <i>Schedule I: Ye</i>	our Income		Your expe	200
(On	icial Form 106l.)			rour expe	
4.	The rental or home ownership expenses for your residence. In	clude firet mortgage			
••	payments and any rent for the ground or lot.	cidde iiist mortgage	4.	\$	1,263.80
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	175.44
	4b. Property, homeowner's, or renter's insurance			\$	64.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	`	508.00
	4d. Homeowner's association or condominium dues		4d.	-	12.60
5	Additional mortgage nauments for your residence, such as bon	no oquity loops	E	•	1 000 07

Official Form 106J

ebtor 2 Sonia	l Kalua Ching Roman	Case nun	nber (if known)	19-00989
Utilities:				
6a. Electrici	y, heat, natural gas	6a.	\$	248.00
6b. Water, s	ewer, garbage collection	6b.	\$	0.00
6c. Telepho	ne, cell phone, Internet, satellite, and cable services	6c.	\$	385.00
6d. Other. S	pecify:	6d.	\$	0.00
Food and hou	sekeeping supplies	7.	\$	775.00
Childcare and	children's education costs	8.	\$	0.00
Clothing, laur	dry, and dry cleaning	9.	\$	30.00
. Personal care	products and services	10.	\$	45.00
. Medical and c	•	11.		75.00
. Transportatio	n. Include gas, maintenance, bus or train fare.			70.00
Do not include	car payments.	12.	\$	175.00
. Entertainmen	, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
. Charitable co	ntributions and religious donations	14.	\$	0.00
. Insurance.			****	
	insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insu		15a.	\$	0.00
15b. Health ir	surance	15b.	\$	575.00
15c. Vehicle		15c.	\$	93.33
15d. Other in:	surance. Specify: Umbrella insurance	15d.	\$	27.00
. Taxes. Do not	include taxes deducted from your pay or included in lines 4 or 20.			
Specify: GE		16.	\$	282.73
Specify: Esti	mated Income Tax		\$	1,680.00
. Installment or	lease payments:			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17a. Car payı	nents for Vehicle 1	17a.	\$	0.00
17b. Car payı	nents for Vehicle 2	17b.	\$	7.00
17c. Other. S	pecify:	17c.	\$	0.00
17d. Other. S		17d.		0.00
	s of alimony, maintenance, and support that you did not repo			0.00
deducted fron	your pay on line 5, Schedule I, Your Income (Official Form 10	61). 18.	\$	0.00
	ts you make to support others who do not live with you.	•	\$	0.00
Specify:		19.		
Other real pro	perty expenses not included in lines 4 or 5 of this form or on 3			
	es on other property	20a.	\$	0.00
20b. Real esta		20b.	\$	0.00
	homeowner's, or renter's insurance	20c.	\$	0.00
	nce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeow	ner's association or condominium dues	20e.	\$	0.00
Other: Specify		21.	+\$	0.00
0-11-4				
	monthly expenses			
22a. Add lines	· ·		\$	8,261.77
	22 (monthly expenses for Debtor 2), if any, from Official Form 106.	J-2	\$	
22c. Add line 2	2a and 22b. The result is your monthly expenses.		\$	8,261.77
Calculate vous	monthly net income.			
•	12 (your combined monthly income) from Schedule I.	23a.	œ	7 000 00
	r monthly expenses from line 22c above.		•	7,362.00
ZOD. COPY YOU	попалу вхраново понтине 220 авоче.	23b.	-Ф	8,261.77
23c Subtract	your monthly expenses from your monthly income.			
	t is your <i>monthly net income.</i>	23c.	\$	-899.77
Do you expect For example, do y modification to the	an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage?	er you file this your mortgage p	form? ayment to increa	ise or decrease because o
□ No.				
	Explain here: Employment will cause and increase in tr	anenartation	AYDADEA	

Fill in this infor	mation to identify your	case:				
Debtor 1	Michael Kalua Ch	ing		—. <u>.</u>		
	First Name	Middle Name	Last Name			
Debtor 2	Sonia Roman First Name	14.1.11. M				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	inkruptcy Court for the:	DISTRICT OF HAWAII				
Case number	19-00989					
(if known)						Check if this is an
						amended filing
Official Forn	n 106Dec					
		n Individual C	Johtonia Cal	badulaa		
Declarat	JUDIA HOL	<u>ın Individual [</u>	Jeptor's Sci	neaules		12/15
obtaining money years, or both. 18	r or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below	le bankruptcy schedules on connection with a bankru 519, and 3571.	ptcy case can result in	fines up to \$250),000, or impri	sonment for up to 20
Did you pay	y or agree to pay some	one who is NOT an attorne	y to help you fill out ba	nkruptcy forms?	?	
■ No						
☐ Yes. N	lame of person					ition Preparer's Notice, ature (Official Form 119)
					-	
Under penal	ity of perjury, I declare	that I have reåd the summa	rv and schedules filed	with this declars	atien and	
that they are	true and correct.	\circ		- (/
χν	M. due	4	X	Mun	1/2	ma
Michae	l Kalua Ching	$\overline{}$	Sonia Roma		-/-	
Signature	e of Debtor 1	()	Signature of D	ebtor 2	50	
Date	8-19-19		Date ${\cal B}$	11911	9	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

		2.				
Fill in	this infor	mation to identify yo	ur case:		E7447F	
Debto	r 1	Michael Kalua	Ching			
Dobto	- 0	First Name	Middle Name	Last Name		
Debto (Spouse	_	Sonia Roman First Name	Middle Name	Last Name		
United	States Ba	nkruptcy Court for the	: DISTRICT OF HAWAII			
Case	number	19-00989				
(if knowr	n)				_	Check if this is an amended filing
						.
		<u>rm 107</u>	A 66-1 6. 1 11 1			
_			Affairs for Indivi			4/19
informa	ation. If m	iore space is needed	, attach a separate sheet to	are filing together, both are this form. On the top of an	e equally responsible for sup by additional pages, write yo	oplying correct ur name and case
numbe	r (if knowi	n). Answer every que	estion.			
Part 1:	Give D	Details About Your M	arital Status and Where You	u Lived Before		
1. W	hat is you	r current marital stat	us?			
	Married					
	Not mar	ried				
2. Du	ring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	No					
	Yes. Lis	t all of the places you	lived in the last 3 years. Do n	ot include where you live nov	v.	
De	ebtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	idress:	Dates Debtor 2 lived there
3. Wi	thin the la	st 8 years, did you e	ver live with a spouse or le	gal equivalent in a commun	nity property state or territor	y? (Community property
states a	nd territori	<i>es</i> include Arizona, Ca	alifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	ico, Texas, Washington and V	Visconsin.)
	No					
	Yes. Ma	ke sure you fill out <i>Sc</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explai	n the Sources of You	r Income			
l. Dic	d vou have	anv income from er	nplovment or from operating	a a business during this ve	ear or the two previous cale	ndar vaare?
Fill	in the tota	I amount of income yo	ou received from all jobs and a have income that you receiv	all businesses, including part	-time activities.	indan youro.
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$14,155.00	■ Wages, commissions, bonuses, tips	\$3,193.00
			Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Creditor's Name and Address

No.

☐ Yes

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe

Was this payment for ...

Official Form 107

	otor 1 otor 2	Michael Kalua Ching Sonia Roman		Case number (if kno	own) 19-00989
7.	Inside of wh	ich you are an officer, director, person i iness you operate as a sole proprietor.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partnerships of whicl r more of their voting securities; an	h you are a general partner; corporatior nd any managing agent, including one fo
		No			w.
	_	Yes. List all payments to an insider.			
	Insid	der's Name and Address	Dates of payment	Total amount Amount yo paid still ow	
	insid	n 1 year before you filed for bankrup er? le payments on debts guaranteed or co		•	en account of a debt that benefited an
	_ :	No Yes. List all payments to an insider			
	Insid	ler's Name and Address	Dates of payment	Total amount Amount yo paid still ow	
Part	4:	Identify Legal Actions, Repossessio	ns, and Foreclosures		
	List al	n 1 year before you filed for bankrupt I such matters, including personal injury ications, and contract disputes.	tcy, were you a party in any cases, small claims actions	y lawsuit, court action, or admin divorces, collection suits, paterni	istrative proceeding? ty actions, support or custody
		No .			
		es. Fill in the details.	1414		
	Case	o title o number	Nature of the case	Court or agency	Status of the case
		aii Receivables Management	COLLECTION	State of Hawaii	Pending
	vs. et al	Hawaii Gourmet Cookies, Inc.,		Circuit Court of the First Circuit Court	☐ On appeal
		19-1-000017		777 Punchbowl Street Honolulu, HI 96813	☐ Concluded
5.4		Property Managment vs.	SUMMARY	State of Hawaii	■ Pending
	al.	aii Gourmet Cookies, Inc., et	POSSESSION	District Court of the First Circuit	On appeal
	1RC	18-1-006865	8	1111 Alakea Street Honolulu, HI 96813	☐ Concluded
10.	Withi i Check	n 1 year before you filed for bankrupt all that apply and fill in the details below	cy, was any of your prope w.	rty repossessed, foreclosed, gar	nished, attached, seized, or levied?
	_	lo. Go to line 11. 'es. Fill in the information below.			
	Cred	itor Name and Address	Describe the Property	Da	ate Value of the
			Explain what happened		property
		n 90 days before you filed for bankruj ints or refuse to make a payment bec		uding a bank or financial institut	ion, set off any amounts from your
		lo			
ı	□ Y	es. Fill in the details.			
	Credi	itor Name and Address	Describe the action the		ate action was Amount ken
	50				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	per (if known) 19-00989	Case numbe	ebtor 1 Michael Kalua Ching ebtor 2 Sonia Roman
nefit of creditors, a	ın assignee for the bend	was any of your property in the possession of an her official?	. Within 1 year before you filed for bankruptcy, v
			■ No □ Yes
			art 5: List Certain Gifts and Contributions
_			
on?	e than \$600 per person'	aid you give any giπs with a total value of more	 Within 2 years before you filed for bankruptcy, No
			☐ Yes. Fill in the details for each gift.
Value	Dates you gave the gifts	Describe the gifts	Gifts with a total value of more than \$600 per person
			Person to Whom You Gave the Gift and Address:
n \$600 to any charity?	otal value of more than		Within 2 years before you filed for bankruptcy, No
			Yes. Fill in the details for each gift or contribu
Value	Dates you contributed	Describe what you contributed	Gifts or contributions to charities that total more than \$600 Charity's Name
			Address (Number, Street, City, State and ZIP Code)
			art 6: List Certain Losses
eft, fire, other disaster	nything because of thef	r since you filed for bankruptcy, did you lose any	Within 1 year before you filed for bankruptcy or or gambling?
eft, fire, other disaster	nything because of thef	r since you filed for bankruptcy, did you lose any	Within 1 year before you filed for bankruptcy or
Value of property	Date of your	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Note that the property you lost and located the property you located the property you located
Value of property	Date of your	ibe any insurance coverage for the loss	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Note that the property you lost and located the property you located the property you located
Value of property lost	Date of your loss y or transfer any proper	tibe any insurance coverage for the loss the amount that insurance has paid. List pending the name of the loss of	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant. The consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared. No
Value of property lost erty to anyone you	Date of your loss y or transfer any proper red in your bankruptcy.	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant Tt 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or preparing lnclude any attorneys, bankruptcy petition preparer No Yes. Fill in the details.
Value of property lost	Date of your loss y or transfer any proper	tibe any insurance coverage for the loss the amount that insurance has paid. List pending the nce claims on line 33 of Schedule A/B: Property. In the second secon	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant. It is Certain Payments or Transfers Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari Include any attorneys, bankruptcy petition preparer. No Yes. Fill in the details. Person Who Was Pald Address Email or website address
Value of property lost erty to anyone you Amount of payment	Date of your loss y or transfer any proper red in your bankruptcy. Date payment or transfer was made	e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. id you or anyone else acting on your behalf paying a bankruptcy petition? rs, or credit counseling agencies for services require	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant. Tt 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, donsulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition preparer. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You
Value of property lost erty to anyone you Amount of	Date of your loss y or transfer any proper red in your bankruptcy. Date payment or transfer was	e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. id you or anyone else acting on your behalf paying a bankruptcy petition? rs, or credit counseling agencies for services require	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant. Tt 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, donsulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition preparer. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You CHOI & ITO, AAL 700 BISHOP STREET SUITE 1107
Value of property lost erty to anyone you Amount of payment	Date of your loss y or transfer any proper red in your bankruptcy. Date payment or transfer was made	e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. id you or anyone else acting on your behalf paying a bankruptcy petition? rs, or credit counseling agencies for services require	Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Include insurant. Tt 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, donsulted about seeking bankruptcy or preparinclude any attorneys, bankruptcy petition preparer. No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You CHOI & ITO, AAL 700 BISHOP STREET

	btor 1 Michael Kalua Ching btor 2 Sonia Roman		Case nu	umber (if known) 19-00989	
17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that you	ors or to make payment		pay or transfer any prop	erty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value transferred	value of any property	Date payment or transfer was made	Amount o paymen
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your linclude both outright transfers and transfers minclude gifts and transfers that you have alreated No	business or financial affa nade as security (such as	airs? the granting of a security i		
	☐ Yes. Fill in the details.				
	Person Who Received Transfer Address	Description and v	red payr	cribe any property or ments received or debts I in exchange	Date transfer was made
	Person's relationship to you		paid	in exchange	
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi ■ No □ Yes. Fill in the details.	ptcy, did you transfer an rotection devices.)	ly property to a self-sett	led trust or similar device	of which you are a
	Name of trust	Description and v	alue of the property tran	nsferred	Date Transfer was
					made
Pai	t 8: List of Certain Financial Accounts, In	nstruments, Safe Deposi	Boxes, and Storage Un	its	
20.	Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of depos		
	Yes. Fill in the details.				
	Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	before closing or
21.	Name of Financial Institution and Address (Number, Street, City, State and ZIP	account number	instrument	closed, sold, moved, or transferred	before closing of transfer
21.	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables?	account number	instrument	closed, sold, moved, or transferred	Last balance before closing of transfer sitory for securities,
21.	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1	account number	instrument	closed, sold, moved, or transferred	before closing of transfer
21.	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables?	account number	instrument bankruptcy, any safe de	closed, sold, moved, or transferred	before closing of transfer
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution	year before you filed for Who else had acc Address (Number, State and ZIP Code)	instrument bankruptcy, any safe de ess to it? Describe treet, City,	closed, sold, moved, or transferred eposit box or other depos	before closing of transfer sitory for securities, Do you still have it?
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	year before you filed for Who else had acc Address (Number, State and ZIP Code)	instrument bankruptcy, any safe de ess to it? Describe treet, City,	closed, sold, moved, or transferred eposit box or other depos	before closing of transfer sitory for securities, Do you still have it?
21.	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	year before you filed for Who else had acc Address (Number, State and ZIP Code)	instrument bankruptcy, any safe de ess to it? Describe treet, City,	closed, sold, moved, or transferred eposit box or other depos	before closing of transfer sitory for securities, Do you still have it?

Official Form 107

	botor 1 Michael Kalua Ching botor 2 Sonia Roman		Case number (if known)	19-00989
Pa	rt 9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from,	are storing for, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pa	rt 10: Give Details About Environmental Informa	tion	9	
For	the purpose of Part 10, the following definitions a	apply:		
	Environmental law means any federal, state, or leaving substances, wastes, or material into the air regulations controlling the cleanup of these substances.	r, land, soil, surface water, ground stances, wastes, or material.	lwater, or other mediun	n, including statutes or
	Site means any location, facility, or property as a to own, operate, or utilize it, including disposal s	defined under any environmental l sites.	law, whether you now o	wn, operate, or utilize it or used
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		waste, hazardous sub	stance, toxic substance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of	an environmental law?
	■ No			
	☐ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	, if you Date of notice
25.	Have you notified any governmental unit of any i	release of hazardous material?		
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law know it	, if you Date of notice
26.	Have you been a party in any judicial or administ	rative proceeding under any envir	ronmental law? include	settlements and orders.
	■ No			
	☐ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or Conn	ections to Any Business		
27.	Within 4 years before you filed for bankruptcy, di	d vou own a husiness or have an	y of the following conne	ections to any hysiness?
	☐ A sole proprietor or self-employed in a tra			
	☐ A member of a limited liability company (
	☐ A partner in a partnership		r (<i>)</i>	
	■ An officer, director, or managing executiv	e of a corporation		
	☐ An owner of at least 5% of the voting or e	•		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 Michael Kalua Ching Debtor 2 Sonia Roman		Case number (if known)	19-00989
☐ No. None of the above applies. G	o to Part 12.			
Yes. Check all that apply above a	nd fill in the details below for each business.			
Business Name	Describe the nature of the business			ication number
Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper			ocial Security number or ITIN
	name of accountant of bookkeeps	Dates bu	siness (existed
Hawaii Gourmet Cookies, Inc.	Wholesale Bakery	EIN:	94-32	65394
91-110 Hanua Street., #313 Kapolei, HI 96707	Michael Ohi	F T-		
28. Within 2 years before you filed for ban institutions, creditors, or other parties No Yes. Fill in the details below. Name	Michael Ching kruptcy, did you give a financial statement to a	From-To		/1998 - 09/08/2018 ousiness? Include all financia
28. Within 2 years before you filed for ban institutions, creditors, or other parties No Yes. Fill in the details below.	kruptcy, did you give a financial statement to a			
28. Within 2 years before you filed for ban institutions, creditors, or other parties No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below have read the answers on this Statement are true and correct. I understand that make	kruptcy, did you give a financial statement to a	anyone abou	t your b	usiness? Include all financia

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this infor	mation to identify your case:		
Debtor 1	Michael Kalua Ching		
Dahta I O	First Name Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Sonia Roman First Name Middle Name	Last Name	
United States Ba	Inkruptcy Court for the: DISTRICT OF H	AWAII	
Case number (if known)	19-00989		☐ Check if this is an amended filing
Official Fo Statemer		viduals Filing Under Chapter	· 7 12/15
	ividual filing under chapter 7, you must e claims secured by your property, or	fill out this form if:	
you have leas You must file this	ed personal property and the lease has s form with the court within 30 days afte ver is earlier, unless the court extends t	not expired. or you file your bankruptcy petition or by the date set f the time for cause. You must also send copies to the c	or the meeting of creditors, creditors and lessors you list
If two married pe sign an	oople are filing together in a joint case, b d date the form.	ooth are equally responsible for supplying correct info	rmation. Both debtors must
Be as complete a write yo	and accurate as possible. If more space our name and case number (if known).	is needed, attach a separate sheet to this form. On the	e top of any additional pages,
	our Creditors Who Have Secured Claims		
1. For any credito information be	ors that you listed in Part 1 of Schedule	D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the
	ditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's A	merican Savings Bank	☐ Surrender the property.	■ No
name.		 ☐ Retain the property and redeem it. ☐ Retain the property and enter into a 	□Yes
Description of		Reaffirmation Agreement.	L 163
property securing debt:	Kapolei, HI 96707 Honolulu County	■ Retain the property and [explain]: Continue making payments	
Creditor's Fi	rst Foundation Bank	☐ Surrender the property.	■ No
name:		☐ Retain the property and redeem it.	_110
Description of	92-831 Makakilo Drive, #47	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	Kapolei, HI 96707 Honolulu	Retain the property and [explain]:	
securing debt:	County		
Creditor's W	ells Fargo Home Mortgage	☐ Surrender the property.	■ Na
name:		Retain the property and redeem it.	■ No
Description of	92-831 Makakilo Drive, #47	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	Kapolei, HI 96707 Honolulu	Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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County

Best Case Bankruptcy

Debtor 1 Debtor 2 Michael Kalua Ching Sonia Roman	Case number (if known)	19-00989
securing debt:	Continue to make payments	-
Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in in the information below. Do not list real estate leases. Une You may assume an unexpired personal property lease if the	expired leases are leases that are still in effect; the	lease period has not yet ended
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No

Under penalty of penjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal

property that is subject to an unexpired lease.

X Michael Kalua Ching Signature of Debtor 1

Part 3: Sign Below

8-19-19 Date

Sonia Roman

Signature of Debtor 2

☐ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

Debtor 1	Michael Kalua Ching
	imonaci Kalaa Oning
Debtor 2	Sonia Roman
(Spouse, if filing)	
United States E	Bankruptcy Court for the: District of Hawaii
Case number	19-00989
Case Hullibel	

Check one box only	as directed	in this	form	and in	Form
122A-1Supp:					

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1:	Calculate Your Current Monthly Income	
1 011 11	Calculate rout Current Monthly income	

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fit in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						Colui Debt		Colum Debton	
Your gross wages, salary, tips, bonuses, ov payroll deductions).	ertime, a	nd co	mmissi	ons (b	efore all	\$	0.00	\$	0.00
3. Alimony and maintenance payments. Do not Column B is filled in.	include p	oayme	nts from	a spo	use if	\$	0.00	\$	0.00
4. All amounts from any source which are regular of you or your dependents, including child sometimes from an unmarried partner, members of your hold and roommates. Include regular contributions from filled in. Do not include payments you listed on	support. I busehold, om a spo	Includ your o	e regula depende	r contr ents, pa	ibutions arents,	\$	0.00	\$	0.00
5. Net income from operating a business, profe	ession, o	r farn	1						
			Det	otor 1					
Gross receipts (before all deductions)	\$		1,76	9.38					
Ordinary and necessary operating expenses	-\$			0.00					
Net monthly income from a business, profession, or farm	\$		1,76	69.38	Copy here -> 3	\$	1,769.38	\$	0.00
6. Net income from rental and other real proper	rty						-		
			Deb	otor 1					
Gross receipts (before all deductions)		\$	0.00						
Ordinary and necessary operating expenses		-\$	0.00						
Net monthly income from rental or other real pro	perty	\$	0.00	Copy	here ->	\$	0.00	\$	0.00
7. Interest, dividends, and royalties	. •					\$	0.00	\$	0.00

		·					
				Column A Debtor 1		Column B Debtor 2 o	
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount he Social Security Act. Instead, list it here:	nt received was a bene	fit under				
	For you	\$ 0	.00				
	For your spouse	\$ 0	.00				
9.	Pension or retirement income. Do not include any a benefit under the Social Security Act.	mount received that wa	as a	\$	0.00	\$	0.00
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hi domestic terrorism. If necessary, list other sources on total below.	Security Act or payment umanity, or international	nts I or				
	Supp. Nutritional Assist. Program			\$	0.00	\$	280.25
	SS Disability			\$	0.00	\$	289.12
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11.	Calculate your total current monthly income. Add I each column. Then add the total for Column A to the t	ines 2 through 10 for otal for Column B.	\$	1,769.38	+ \$_	569.37	\$\$,338.75
					J	3810	Total current monthly
Part	2: Determine Whether the Means Test Applies	to You					income
40		· · · · · · · · · · · · · · · · · · ·		· . <u>-</u>			
	Calculate your current monthly income for the yea	•					
	12a. Copy your total current monthly income from line	11		Сору	line 11 l	nere=>	\$ 2,338.75
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of t	ne form				12b	. \$ 28,065.00
13.	Calculate the median family income that applies to	vou. Follow these ster	os:				
	Fill in the state in which you live.	Н					
	Fill in the number of people in your household.	2					
	Fill in the median family income for your state and size	of household.				13.	\$ 79,403.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the ban	online using the link sp kruptcy clerk's office.	pecified in	n the separa	te instruc	tions	
14.	low do the lines compare?						
	Line 12b is less than or equal to line 13. C Go to Part 3.	On the top of page 1, ch	eck box	1, <i>There is n</i>	o presum	ption of abuse	0 .
	Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre-	sumption of	abuse is d	determined by	/ Form 122A-2.
Part :	Sign Below .						
	By signing here, I declare under penalty of perjury	that the information or	this stat	tement and i	n any atta	chments is tru	ue and correct.
	x Midner h	x ~			FALLO	6	man
	Michael Kalua Ching		onia R		7		
	Date Signature of Debtor 1 MM / DD / YYYY	Date	ignature M DD	of Debtor 2	119)	
	If you checked line 14a, do NOT fill out or file For	n 122A-2.		· ·			
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.					

Official Form 122A-1

United States Bankruptcy Court District of Hawaii

In re	Michael Kalua Ching Sonia Roman		Case No.	19-00989
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE			• •
co	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 impensation paid to me within one year before the filic rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid t	o me, for services rendered or to
				2,165.00
	Prior to the filing of this statement I have received		\$	2,165.00
	Balance Due		 \$	0.00
2. T I	ne source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. TI	ne source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
	I have not agreed to share the above-disclosed comp	pensation with any other person u	inless they are memb	ers and associates of my law firm.
_	I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na	ation with a person or persons we mes of the people sharing in the	ho are not members compensation is attac	or associates of my law firm. A hed.
. In	return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects	of the bankruptcy ca	se, including:
b. с.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, stat Representation of the debtor at the meeting of credit	tement of affairs and plan which	may be required;	• •
d.	[Other provisions as needed] Negotiations with secured creditors to a reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho	ons as needed; preparation a	mption planning; _l and filing of motio	oreparation and filing of ns pursuant to 11 USC
. Ву	agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any disany other adversary proceeding.	e does not include the following schargeability actions, judic	service: ial lien avoidance:	s, relief from stay actions or
		CERTIFICATION		
I c his ban	ertify that the foregoing is a complete statement of an kruptcy proceeding.	y agreement or arrangement for p	payment to me for rep	presentation of the debtor(s) in
	AUG 2 0 2019			
Dat	e	Chuck C. Choi		
		Signature of Attorney		
		Choi & Ito 700 Bishop Street,	Suite 1107	
		Honolulu, HI 96813		
		808-533-1877 Fax		
		cchoi@hibklaw.co	m	·
		Name of law firm		

United States Bankruptcy Court District of Hawaii

In re	Michael Kalua Ching Sonia Roman				
		Debtor(s)	Chapter	7	

AMENDED **

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 8-19-19Date: 8-19/19

Michael Kalua Ching Signature of Debtor

Sonia Homan Signature of Debtor American Savings Bank 1001 Bishop Street Honolulu, HI 96813

American Savings Bank P.O. Box 2300 Honolulu, HI 96804

AMEX

P.O. Box 360002 Fort Lauderdale, FL 33336

Bank of Hawaii P.O. Box 2715 Honolulu, HI 96803

Bank of the West P.O. Box 4024 Alameda, CA 94501

Central Pacific Bank P.O. Box 30395 Honolulu, HI 96811

Chase Cards P.O. Box 15298 Palatine, IL 60094

Citicards P.O. Box 8034 South Hackensack, NJ 07606

Costco Visa P.O. Box 78019 Phoenix, AZ 85062

Department of Human Services FMO/Accounting/CRS P.O. Box 4147 Honolulu, HI 96812-4147

Discover Card P.O. Box 30395 Salt Lake City, UT 84130

First Foundation Bank Two Waterfront Plaza 500 Ala Moana Blvd., #2A Honolulu, HI 96813

Hawaii Gourmet Cookies, Inc. 91-110 Hanua Street, #313 Kapolei, HI 96707 Hawaii Receivables Managament 970 N. Kalaheo Avenue, Suite C110 Kailua, HI 96734

MB Financial Services P.O. Box 961 Roanoke, TX 76262

Office of Hawaiian Affairs 560 N. Nimitz Hwy., #200 Honolulu, HI 96817

Wells Fargo Home Mortgage P.O. Box 51120 Los Angeles, CA 90051

Yett Property Management c/o Denis Lee, Esq. 1164 Bishop Street, Suite #1201 Honolulu, HI 96813